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23373 7590 06/15/2006				papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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		۲,			<u> </u>	(Signature)	
APPLICATION NO.	FILING DATE	<u> </u>	EIDOENIA (DE DE C			(Date)	
10/506,623	09/03/2004	<u> </u>	FIRST NAMED INVENT		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
TITLE OF INVENTION: VARIABLE COMMUNICATION SYSTEM Hizuru Nawata Q83230 3488						3488	
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ADDIN TYPE		T					
APPLN. TYPE	SMALL ENTITY	ISSUE FI		UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400)	\$300	\$1700	09/15/2006	
EXAMINER		ART UN	IT C	LASS-SUBCLASS			
WENDELL, ANDREW		2618		455-115100			
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list							
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the names of a gingle form (housing page 1).							
1 (2) the name of a shiple firm (naving as a member a							
PTO/SB/47; Rev 03-02 (Number is required.	tion (or "Fee Address" Indic- or more recent) attached. Us	ation form e of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COLDITION)							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
NEC Corporation Tokyo, Japan							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
☑ Issue Fee							
				880 via EFS Payment Screen. Please charge any payment			
Advance Order - # of		deficiency and credit overpayment to PODA 19-4880. overpayment, to of this form),					
5. Change in Entity Status (from status indicated above)							
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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Authorized Signature	200				- 13- 06		
Typed or printed name	Howard L. Ber	nstein		Registration N			
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